Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. PHYLLIS SCHLAFLY'S EAGLE PAC 7800 BONHOMME AVENUE ADDRESS (number and street) (Check if address is changed) CLAYTON 63105 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Ed@phyllisschlafly.com (Check if address is changed) Optional Second E-Mail Address habegg@wc-b.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00625285 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Martin, Ed, , , Type or Print Name of Treasurer Martin, Ed,,, [Electronically Filed] 10 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

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